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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

313632000600

In re Application of Ton LOGTENBERG et al.

Application Number

09/284,107

Filed

October 25, 1999

For: METHODS AND MEANS FOR SELECTING PEPTIDES AND
PROTEINS HAVING SPECIFIC AFFINITY FOR A TARGET

Art Unit

1639

Examiner

T. Wessendorf

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	420.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 51,804

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

April 21, 2004

Date

(858) 720-7955

Telephone Number



Signature

Laurie L. Hill

Typed or printed name

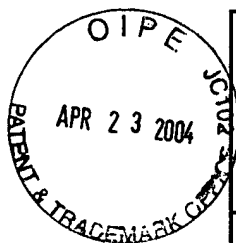
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of 1 forms are submitted.

04/26/2004 HDEMESS1 00000011 031952 09284107

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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/284,107
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	October 25, 1999
420.00		First Named Inventor	Ton LOGTENBERG
		Examiner Name	T. Wessendorf
		Art Unit	1639
		Attorney Docket No.	313632000600
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 770 2001 385		Utility filing fee	
1002 340 2002 170		Design filing fee	
1003 530 2003 265		Plant filing fee	
1004 770 2004 385		Reissue filing fee	
1005 160 2005 80		Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims ** =		Extra Claims Fee from below Fee Paid	
Independent Claims ** =		x = 0.00	
Multiple Dependent		x = 0.00	
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9		Claims in excess of 20	
1201 86 2201 43		Independent claims in excess of 3	
1203 290 2203 145		Multiple dependent claim, if not paid	
1204 86 2204 43		** Reissue independent claims over original patent	
1205 18 2205 9		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		420.00	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Laurie L. Hill		Registration No. 51,804	
Signature		Telephone (858) 720-7955	
		Date April 21, 2004	